

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
OCT 13 2017
Bayfield Co. Zoning Dept

Permit #:	17-0481
Date:	10-23-17
Amount Paid:	\$1,800 10-16-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Any M & Michael's LA Fontaine			Mailing Address: 5658 57TH STREET LAKE ELMO, MN 55042		Telephone:	
Address of Property: 3910 SR HWY 13		City/State/Zip: POET WISCONSIN 54865			City/State/Zip: LAKE ELMO, MN 55042		Cell Phone: 651 334 3267	
Contractor: BAUCE LENTZEN DESIGN BUILD, LLC		Contractor Phone: 715-760-0122			Plumber: BAKEMAN PLUMBING		Plumber Phone: 715-682-6050	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) BAUCE LENTZEN		Agent Phone: 651-3229-4060			Agent Mailing Address (include City/State/Zip): 106 BAUCKEY ST, HUNSDALE, IL 62406		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 24361		Recorded Document (i.e. Property Ownership) 17-0481 DEED		
W 500 FEET OF E 1/2		Gov't Lot 1	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 33, Township 50 N, Range 01 W		Town of: ORIENTA			Lot Size		Acreage 20	

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	<input type="checkbox"/> If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage	<input type="checkbox"/> If yes---continue →	Distance Structure is from Shoreline: 75 feet		
<input type="checkbox"/> Non-Shoreland					

Value at Time of Completion * include donated time & material \$ 400,000	Project	# of Stories	Foundation	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water							
							<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: HOLDING	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/>	
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	Use	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>							

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

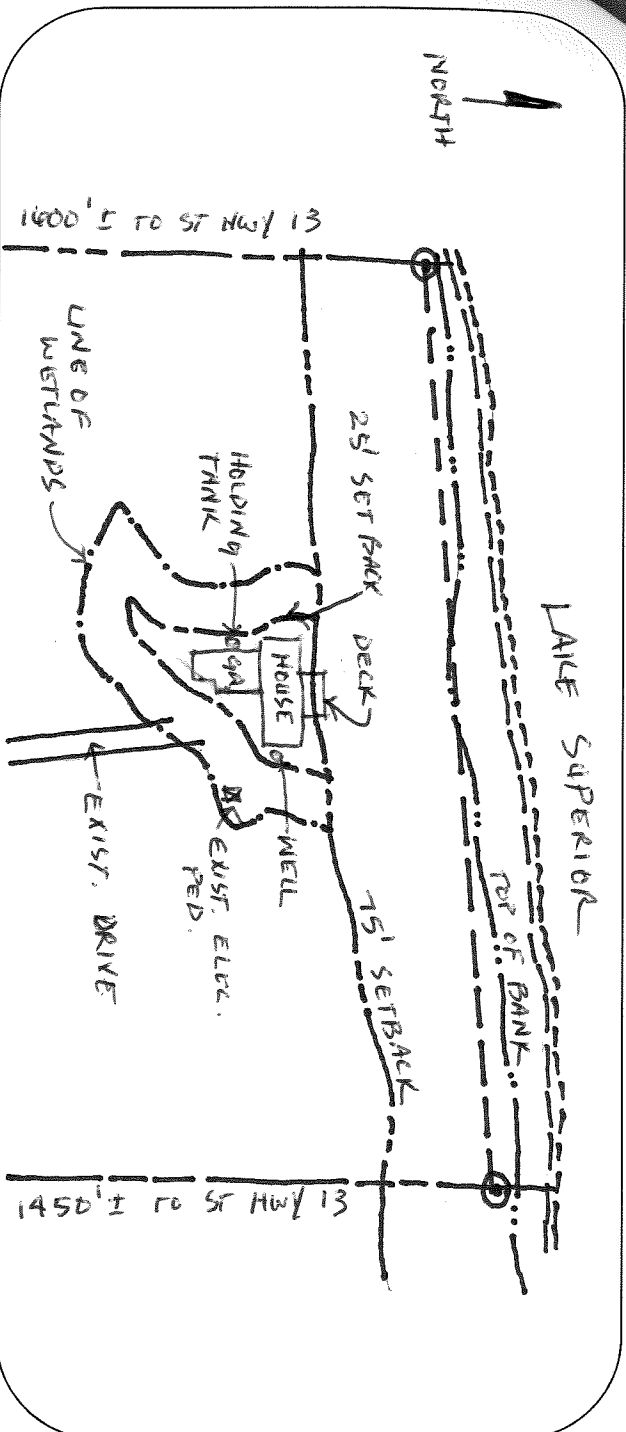
Proposed Use	✓	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	() X)		
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(75 X 36)	2075	
		with Loft	() X)		
		with a Porch	() X)		
		with (2nd) Porch	() X)		
		with a Deck 200 sq' to be permitted as an "open structure" on separate permit app. 23 X 42	(24 X 11)	262	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	() X)		
		with Attached Garage	(23 X 42)	974	
	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X)		
	<input type="checkbox"/>	Mobile Home (manufactured date)	() X)		
	<input type="checkbox"/>	Addition/Alteration (specify)	() X)		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building (specify)	() X)		
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() X)		
	<input type="checkbox"/>	Special Use: (explain)	() X)		
	<input type="checkbox"/>	Conditional Use: (explain)	() X)		
	<input type="checkbox"/>	Other: (explain)	() X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date 10/23/17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date 10/12/17
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:
Proposed Construction
North (N) on Plot Plan
- Show / Indicate:
Show Location of (*):
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
- Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1390' ± Feet	Setback from the Lake (ordinary high-water mark)	90' ± Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	75' ± Feet
Setback from the North Lot Line	90' ± Feet	Setback from the Bank or Bluff	75' ± Feet
Setback from the South Lot Line	1325' ± Feet	Setback from Wetland	25' ± Feet
Setback from the West Lot Line	190' Feet	20% Slope Area on the property	Yes No
Setback from the East Lot Line	220' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10' Feet	Setback to Well	8' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 17-1165	# of bedrooms: 3	Sanitary Date: 9-25-17			
Permit Denied (Date):	Reason for Denial:						
Permit #: 17-0431	Permit Date: 10-23-17						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Need of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lots)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:	March 2017. Portion of deck w/in 75' from top of bluff needs open structure permit. Will be added in subsequent application.						
Date of Inspection:	Inspected by:						
Condition(s):	Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)						
Note: permit + inspection necessary. Portion of deck w/in 75' will setback (200') to be permitted in separate application / permit as an open structure.							
Signature of Inspector:							Date of Approval: 10-23-17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

Village, State or Federal
May Also Be Required

USE - X
SANITARY - 17-116S
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

No. **17-0431** Issued To: **Amy & Michael LaFontaine**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **33** Township **50** N. Range **9** W. Town of **Orienta**

W 500' of E 1/2 of

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Use: [1- Story; Residence (75' x 36') = 2,700 sq. ft.; Deck = 62 sq. ft.;
Attached Garage (23' x 42') = 976 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **UDC permit and inspections necessary. Portions of deck within 75' bluff setback (200') to be permitted on separate application / permit as an open structure.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

October 23, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 30 2017

ENTERED

Permit #:	17-0440
Date:	10-30-17
Amount Paid:	905-30-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: Karen S. Mome Gary Helquist		Mailing Address: 1120 W. Morgan St		City/State/Zip: Duluth, MN 55811		Telephone: 218-330-1495		
Address of Property: 16470 ST. Hwy B		City/State/Zip: Port Wing, WI		Contractor Phone: 920-410-8579		Cell Phone: 218-390-0308		
Contractor: 1 Roy Klein		Plumber: 4402 Plumb 106		Agent Phone:		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Mailing Address (include City/State/Zip):		Agent Phone:		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds)		Document #: V969 R-3547		
	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	
SW 1/4, SE 1/4	2	#3						
Section 25	Township 50 N, Range 9 W	Town of: ORIENT A		Lot Size		Acres		
				50.681.64 sq ft		1.16		
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: 95 feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland								

Value at Time of Completion * Include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$30,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <input type="checkbox"/> Add-on Tank
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 18'	Width: 18'	Height: 9' 4 1/2
Proposed Construction: Detached Garage	Length: 18'	Width: 18'	Height: 17' 2 1/2

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	X)
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	X)
	<input type="checkbox"/> with Loft	()	X)
	<input type="checkbox"/> with a Porch	()	X)
	<input type="checkbox"/> with (2 nd) Deck	()	X)
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2 nd) Deck	()	X)
	<input type="checkbox"/> with Attached Garage	()	X)
	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	X)
	<input type="checkbox"/> Mobile Home (manufactured date)	()	X)
	<input type="checkbox"/> Addition/Alteration (specify)	()	X)
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify)	Detached Garage	(18 x 18)	324'
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		()	X
	<input type="checkbox"/>			
	<input type="checkbox"/> Special Use: (explain)		()	X
	<input type="checkbox"/> Conditional Use: (explain)		()	X
<input type="checkbox"/>	Other: (explain)		()	X

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

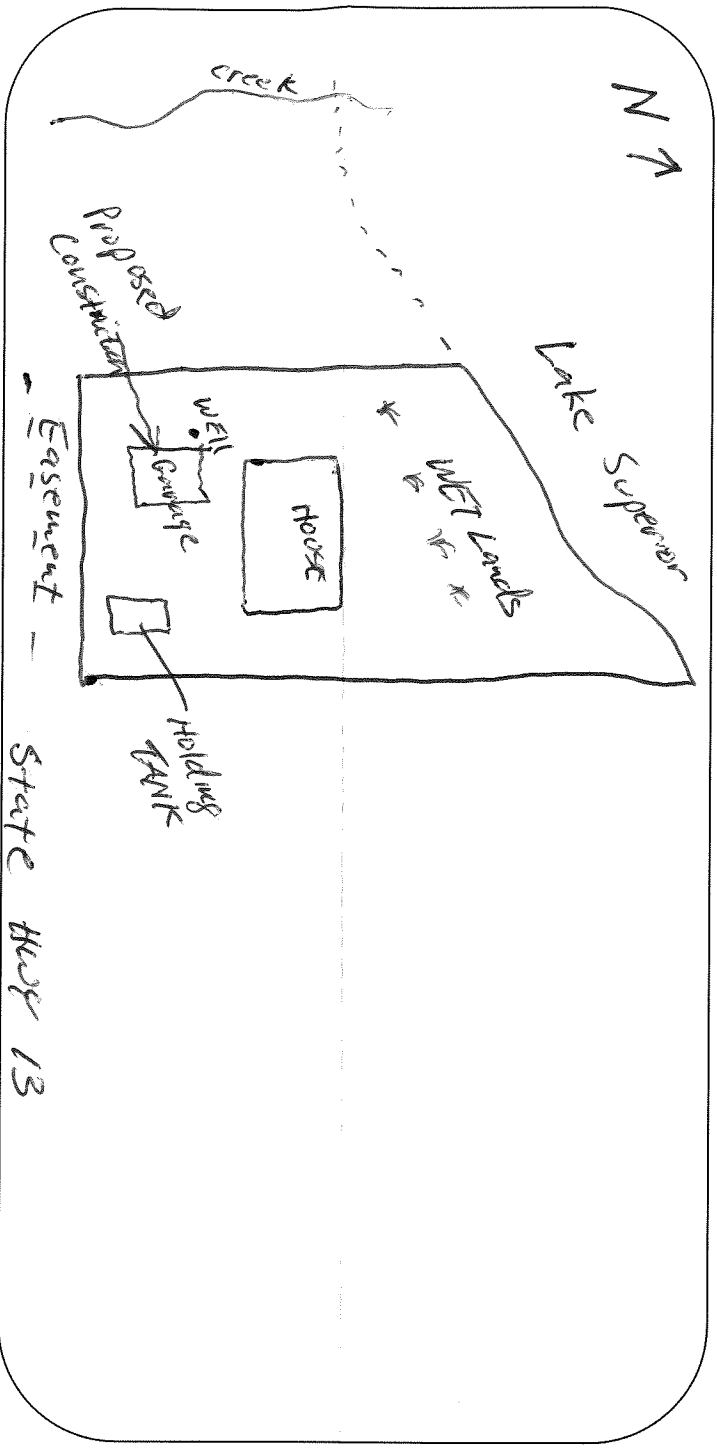
Owners: Karen S. Mome Gary Helquist
(If there are Multiple Owners listed on the Deed All Owners must sign (letters) of authorization must accompany this application)

Authorized Agent: Troy Klein 10840 East White Birch Rd. Date 5-18-17

Address to send permit: Troy Klein 10840 East White Birch Rd. Port Wing WI 54865
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	40 Feet	Setback from the Lake (ordinary high-water mark)	150 Feet
Setback from the Established Right-of-Way	40 Feet	Setback from the River, Stream, Creek	95 Feet
Setback from the North Lot Line	70 Feet	Setback from the Bank or Bluff	130 Feet
Setback from the South Lot Line	15 Feet	Setback from Wetland	80 Feet
Setback from the West Lot Line	20 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	135 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	40 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

Prior to the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 16-765	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0440		Permit Date: 10-30-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: Csm apartment vacated/see attached discharge as required by county surveyor. New easement established.		Zoning District (R2B)				
Date of Inspection: 0		Inspected by: JC Murphy		Lakes Classification (1-Superior)		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)		Date of Re-Inspection:				
gauge, including one, shall be at least 40' from center of new easement and 10' from property line. Building shall not be used for human habitation or sleeping purposes. No wetland shall be disturbed.						
Signature of Inspector: [Signature]		Date of Approval: 10-27-17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

illage, State or Federal
Also Be Required

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

USE - X
TARY -
GN -
SPECIAL -
CONDITIONAL -
BOA -

No. **17-0440** Issued To: **Karen Stromme & Gary Holquist**

Location: - ¼ of - ¼ Section **25** Township **50** N. Range **9** W. Town of **Orienta**

Gov't Lot Lot **3** Block Subdivision CSM# **1353**

For: **Residential Accessory Structure: [1- Story; Garage (18' x 18') = 324 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Garage, including eve, shall be at least 40' from center of new easement and 10' from side property line. Building shall not be used for human habitation or sleeping purposes. No wetland shall be disturbed.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

October 30, 2017

Date